

# *Request for Forbearance*

Please consider my request for forbearance covering the period from \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_ Account # (s) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Marital Status**

\_\_\_\_\_ Single      \_\_\_\_\_ Widow(er)      \_\_\_\_\_ Married      \_\_\_\_\_ Separated/Divorced

**Dependents**

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Employment History**

Current Employer \_\_\_\_\_ Years employed \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Years employed \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Income/Asset Summary**

Monthly Gross Income      \$ \_\_\_\_\_      Employer Name: \_\_\_\_\_

Spouse's Monthly Gross Income \$ \_\_\_\_\_      Employer Name: \_\_\_\_\_

Total Other Monthly Income      \$ \_\_\_\_\_

Please describe source of this income (public assistance, alimony, child support, etc.)

\_\_\_\_\_

\_\_\_\_\_

Checking Account Balance: \$ \_\_\_\_\_      Savings Account Balance: \$ \_\_\_\_\_

**Monthly Expense Summary**

Mortgage/Rent \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_ Medical/Dental \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_ Clothing \$ \_\_\_\_\_ Child Care \$ \_\_\_\_\_  
Transportation \$ \_\_\_\_\_ Entertainment \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_  
(gas, parking, maintenance) Alimony \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_  
Miscellaneous \$ \_\_\_\_\_

**Loans/Credit Card Payments**

Please list name or creditors. Include student loans, car loans, credit cards, etc.

<u>Creditor</u>	<u>Loan Amount</u>	<u>Balance Outstanding</u>	<u>Monthly Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide any additional information that you feel may be helpful regarding your current situation. If any of your student loans are currently in forbearance with other lenders, please include supporting documentation.

\_\_\_\_\_  
\_\_\_\_\_

I certify that all statements made above are true and correct. I will notify my lending institution if my present situation changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Case Western Reserve University  
Student Loan Office  
10900 Euclid Ave.  
Cleveland, Ohio 44106-7041

**For Institution Use Only:**

\_\_\_ Approved for the period covering \_\_\_\_\_ through \_\_\_\_\_ Next Due Date \_\_\_\_\_  
\_\_\_ Disapproved. Reason: \_\_\_\_\_  
\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_